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CONTRIBUTORS

HW participated in developing the concept, analysing and interpreting the data, and drafted the paper; AJ participated in developing the concept, analysing and interpreting the data, and preparation of the paper; CM did the statistical analysis and participated in the preparation of the paper; AJ, KW, KF, BE, and AC participated in the design and management of the main study and preparation of this paper.

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REFERENCES

- 1 **Garnett GP**. The geographical and temporal evolution of sexually transmitted disease epidemics. *Sex Transm Infect* 2002;**78**:141–19.
- 2 **Aral SO**, Blanchard JF. Phase specific approaches to the epidemiology and prevention of sexually transmitted diseases. *Sex Transm Infect* 2002;**78**:11–2.
- 3 **Vanwesenbeeck I**. Another decade of social scientific work on sex work: a review of research 1990–2000. *Annu Rev Sex Res* 2001;**12**:242–89.
- 4 **Morris M**, Podhisita C, Wawer M, *et al*. Bridge populations in the spread of HIV/AIDS in Thailand. *AIDS* 1996;**10**:1265–71.
- 5 **Ramjee G**, Gouws AE. Prevalence of HIV among truck drivers visiting sex workers in KwaZulu-Natal, South Africa. *Sex Transm Dis* 2002;**29**:44–9.
- 6 **Lau JT**, Thomas J. Risk behaviours of Hong Kong male residents travelling to mainland China: a potential bridge population for HIV infection. *AIDS Care* 2001;**13**:71–81.
- 7 **Ghys PD**, Saidel T, Vu HT, *et al*. Growing in silence: selected regions and countries with expanding HIV/AIDS epidemics. *AIDS* 2003;**17**(Suppl 4):S45–50.
- 8 **Creese A**, Floyd K, Alban A, *et al*. Cost-effectiveness of HIV/AIDS interventions in Africa: a systematic review of the evidence. *Lancet* 2002;**359**:1635–42.
- 9 **Gorbach PM**, Sopheab H, Phalla T, *et al*. Sexual bridging by Cambodian men: potential importance for general population spread of STD and HIV epidemics. *Sex Transm Dis* 2000;**27**:320–6.
- 10 **Brown AE**, Sadler KE, Tomkins SE, *et al*. Recent trends in HIV and other STIs in the United Kingdom: data to the end of 2002. *Sex Transm Infect* 2004;**80**:159–66.
- 11 **Johnson AM**, Mercer CH, Erens B, *et al*. Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *Lancet* 2001;**358**:1835–42.
- 12 **Ward H**, Day S, Green A, *et al*. Declining prevalence of STI in the London sex industry, 1985 to 2002. *Sex Transm Infect* 2004;**80**:374–9.
- 13 **Erens B**, McManus S, Field J, *et al*. *National survey of sexual attitudes and lifestyles. II: Technical report*. London: National Centre for Social Research, 2001.
- 14 **Johnson AM**, Wadsworth J, Wellings K, *et al*. Sexual lifestyles and HIV risk. *Nature* 1992;**360**:410–12.
- 15 **Johnson AM**, Wadsworth J, Wellings K, *et al*. *Sexual attitudes and lifestyles*. Oxford: Blackwell Scientific Press, 1994.
- 16 **Stata Corp**. *Stata statistical software: Release 7.0*. Texas: Stata Corporation, 2001.
- 17 **Copas AJ**, Wellings K, Erens B, *et al*. The accuracy of reported sensitive sexual behaviour in Britain: exploring the extent of change 1990–2000. *Sex Transm Infect* 2002;**78**:26–30.
- 18 **Ward H**, Day S. Sex work in context. In: Day S, Ward H, eds. *Sex work, mobility and health in Europe*. London: Kegan Paul, 2004.
- 19 **Rissel CE**, Richters J, Grulich AE, *et al*. Sex in Australia: experiences of commercial sex in a representative sample of adults. *Aust N Z J Public Health* 2003;**27**:191–7.
- 20 **Mikl J**, Sudar Z, Smith PF, *et al*. HIV infection and high risk behavior among patients attending an STD referral clinic in Prague, Czech Republic. *Sex Transm Infect* 1998;**74**:128–30.
- 21 HIV/AIDS Survey Indicators Database (www.measuredhs.com/hivdata/about_db.cfm) accessed August, 2004.
- 22 **Bellis MA**, Hughes K, Thomson R, *et al*. Sexual behaviour of young people in international tourist resorts. *Sex Transm Infect* 2004;**80**:43–7.

ECHO

Late diagnosis still delays HIV treatment for many



Please visit the Sexually Transmitted Infections website (www.stijournal.com) for a link to the full text of this article.

Missed opportunities for diagnosing HIV are denying patients the benefit of early treatment, say researchers. More patients at risk should be encouraged to have an HIV test, and health professionals must get better at recognising symptoms of the infection.

This follows a national case review of new diagnoses of HIV infection between January and March 2003 by a survey to all adult HIV care providers in the United Kingdom and Ireland. The survey covered clinical and immune state and symptoms or episodes in the previous 12 months.

A third of the 977 patients identified had presented late, as indicated by a CD4 lymphocyte count <200 cells/μl. They were commonly older patients and black Africans. Diagnosis as part of a routine screen and testing at genitourinary, sexual health, and HIV clinics were both independently associated with a lower chance of late diagnosis, after adjustment for demographic confounders. Seventeen per cent (168) of all patients had had an episode in the previous year suggesting HIV infection, including 58 hospital admissions. In 160 of these patients CD4 counts were below the threshold for starting treatment advocated by the British HIV Association, possibly indicating delayed treatment. The response rate to the survey was 76% (113/148).

The results reflect a national trend for late diagnosis of HIV infection reported by the Health Protection Agency. Estimates in 2001 disclosed that 59% of patients with HIV in the United Kingdom starting treatment had low CD4 counts (<200 cells/μl), mainly owing to late diagnosis.

▲ Sullivan AK, *et al*. *BMJ* 2005;**330**:1301–1302.